

feet, sustaining a scalp wound over the forehead, a wound of the nose communicating with a fracture of the nasal bones and a compound fracture of the left patella. Shortly after admission the wound over the knee was enlarged by a vertical incision. The soft parts were found to be much bruised. The patella was fractured transversely about its centre, and there were four small fragments almost entirely detached from its outer border, the joint was full of blood. The wound was carefully cleansed; the joint being washed out with 1-40 carbolic solution. The loose fragments of the patella were removed, and the two remaining ones were sutured with a single stout suture wire. A large drainage tube was inserted on either side of the joint; others were placed outside the capsule; the skin wound was united with wire sutures and a tube placed at each end. The carbolic spray was used. No complication of any moment occurred during the subsequent progress of the case. The sutures fixing the fragments were removed at the beginning of the third month, and the patient was subsequently discharged to a convalescent home. The wound over the joint healed soundly, eventually, the delay in healing having been due to the injury received by the soft parts at the time of the accident. The patient refused to permit any attempts at passive motion being practiced, being perfectly satisfied with a stiff knee. On his discharge seven months after the accident he returned to his former occupation as a porter, in which he has been doing from 12 to 14 hours work daily ever since. At the present time the knee is firmly fixed in a slightly flexed position, the patella has united by bone, and can be moved a very little from side to side.—*British Medical Journal*, July 21, 1888.

H. PERCY DUNN (London).

IV. Resection of the Fragments and Bone Suture in the Treatment of Pseudoarthrosis of the Thigh. By PAUL BERGER (Paris).—The author gives a resumé of the principal difficulties and dangers in the treatment of pseudoarthrosis by the method of resecting and suturing the ends of the fragments as follows: 1. The tendency of the fragments to dislocation. 2. The inherent defects of the metal suture, the liability of the latter to break or stretch, and its tendency to cut its way into the bony parts, and thus render insecure

the adaptation of the fragments. 3. The metal thread, with its ends passed out through the wound, forms a conducting medium for the entrance of germs to the deeper parts of the wound. 4. The difficulties in the way of subsequent removal of the wire.

In order to effectually overcome these difficulties, B. recommends a **V**-shaped freshening of the upper end of the lower fragment, and a correspondingly wedge-shaped freshening of the lower end of the upper fragment in such a manner as to enable the latter to be indented with the former. Before the final adaptation of the fragments, holes for passing the metal sutures are to be drilled.

As material for suturing, he uses strong platinum wire, the advantage of which, it is claimed, consists in the fact that it may be thoroughly disinfected by heat or strong acids just prior to its use, without impairing its tensile strength. The ends of the wire, after twisting, may be cut off closely and left under the periosteum, which latter is to be sutured by catgut. For purposes of fixation, an anterior and posterior splint, preferably of plaster-of-Paris, is applied.

It may be said, in criticism of this method, that in case of obliquely inclined ends of the fragments, the necessity for removal of a considerable portion of bone in order to achieve the object aimed at, will almost inevitably lead to more than the usual amount of shortening observed in this class of cases.— *Revue de chirurgie*, No. 10, 1887.

G. R. FOWLER (Brooklyn).